



Please read before filling
out the application.



EXAMPLE APPLICATION

Approval of these plans and specifications by this Regulatory Authority does not indicate compliance with any other code, law or regulation that may be required--federal, state, or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment in place & operating will be necessary to determine if it complies with the Maricopa County Health Code governing establishments.

PLAN REVIEW APPLICATION

ADVISORY: Plans/ applications must first be submitted to the following local City/County/State regulatory authorities if necessary, prior to plan review by this Department; Zoning, Planning, Building, Engineering, Liquor Control, Fire, etc.

AN INCOMPLETE PLAN SUBMITTAL WILL BE REJECTED!

Submit with (Please refer to the appropriate construction guidelines):

- ☐ One (1) complete set of plans (minimum size 8.5" x 11" or larger)
- ☐ Plan Review fee
- ☐ Include one (1) plumbing site plan (including wells & septic systems), if project is not in any city.

Please fill in / check all
boxes and lines that apply
to your application.

Enclose the following documents:

- ☐ Proposed Menu (Including seasonal, off-site, & banquet menus): Service Style, Type of Food
- ☐ Finish schedule
- ☐ Plumbing schedule, including location of water heaters, overhead wastewater lines, floor drains/sinks
- ☐ Equipment schedule
- ☐ Mfr. specification sheets for each piece of equipment shown on the plan
- ☐ Lighting plan, including all areas that are to be shielded
- ☐ Complete exhaust ventilation plans (HVAC), including restroom ventilation
- ☐ All existing equipment & finishes must be defined
- ☐ Site plan showing the location of the business on site including the alley, streets and location of any outside equipment (dumpsters, well, septic system, including restrooms, if applicable)
- ☐ Written legal agreement for shared restrooms not located within the establishment.

If not applicable
please write
"n/a".

Projected date for start of project _____

Projected date for completion of project _____

Critical information!

Don't forget!

(Fill in/ Check all that apply)

Type of Service: Dine in ____ Take out ____ Caterer ____ Bar ____

Other ____ (Please specify) _____

Hours of operation: _____ Seating capacity: _____ # of Staff: _____

of food handler cards: _____ Certified Food Service Manager on site? (Y/ N)

Sewer Type: Public ____ Private ____ Water Type: Public ____ Private ____

Total square feet of the facility: _____

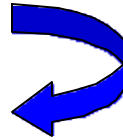
Number of levels on which operations are conducted: _____

Maximum (approx. #) of meals to be served: Breakfast ____ Lunch ____ Dinner ____

Will alcohol be served and consumed on site? (Y/ N)

I have submitted the necessary plans/ applications to the proper local City/ County/ State regulatory authorities prior to this submittal (Y/ N).

Please print neatly and legibly. Completely fill in all blank lines. Do not write "Same as above".



Please Print

NAME OF ESTABLISHMENT _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ PHONE () _____

NAME OF OWNER/ (BILLING PARTY) _____

ADDRESS (BILLING) _____

CITY _____ STATE _____ ZIP CODE _____ PHONE () _____

NAME OF CONTRACTOR _____ PHONE () _____

NAME OF ARCHITECT _____ PHONE () _____

The plan review letter will be sent to the name / title indicated



ANY CORRESPONDENCE PERTAINING TO REVIEW OF YOUR PLANS IS TO BE SENT TO:

NAME/ TITLE: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____ PHONE () _____

FEE SUBMITTAL AMOUNT (Note: Fees are subject to change.)

QUANTITY	PLAN TYPE	AMOUNT	TOTAL \$
_____	Restaurant 0-9 seating	\$250.00	_____
_____	Restaurant 10+ seating	\$350.00	_____
_____	* All other food establishments	\$350.00	_____
_____	Public accommodations	\$300.00	_____
_____	Pet shop	\$175.00	_____
_____	School grounds - No kitchen	\$250.00	_____
_____	Remodel fee-approved only by inspector		_____
_____	EXPEDITE FEE 2x fee amount		2x TOTAL

Note: Inspections will be conducted during normal business hours Monday to Friday, between the hours of 7am & 5pm.

* Includes retail grocery, meat, bakery, food processor, school cafeteria, food jobber (food storage facility), caterer.

TOTAL DUE _____

Please read before signing.



I hereby certify that the information on these documents complies with the Maricopa County Health Code, and I fully understand that any deviation from the above without prior permission from this Environmental Health Regulatory Office may nullify final approval.

(Please Print)

Signature

Title

/

Date

Please print your signature and title.



OFFICE USE ONLY

Plan # _____ Type _____ Permit ID _____ Kind (N, R, E) _____

Date received _____ Receipt # _____

Plan Review Sanitarian _____ Office Code _____ Site location _____

Regional Office _____ District _____ District Sanitarian _____

Logged in computer _____ By _____

Examples of approved finishes.

FINISH SCHEDULE

Please do not write
"See plans" on the
finish schedule.

Applicant must indicate which materials (quarry tile, stainless steel, FRP, 4" vinyl cove base, acoustical ceiling tile, etc.) will be used in the following areas.

	Floor(s)	Wall(s)	Coving(s)	Ceiling(s)	Remarks:
Kitchen:	Quarry tile*	Fiberglass reinforced Polyester panel (FRP) *	3/8 inch cove quarry tile base	Washable ceiling Tiles	* White pebble surfaced FRP * Red quarry tile
Bar(s):	Ceramic tile*	Epoxy painted dry wall*	3/8 inch cove ceramic tile base	Epoxy painted dry wall*	* Light lime green * Sand color ceramic tile
Food Storage:	Commercial grade vinyl composition tile (VCT)*	Epoxy painted dry wall*	4 inch black vinyl cove base	"	* Navajo white paint * Light blue marbled VCT
Other Storage:	N/A				
Restroom(s):	Ceramic tile*	Epoxy painted dry wall*	3/8 inch cove ceramic tile base	Epoxy painted dry wall*	* Lemon yellow paint * Sand color ceramic tile
Dressing Room(s):	N/A				
Garbage & Refuse Storage:	Quarry tile*	FRP*	3/8 inch cove quarry tile base	Washable ceiling tiles	* White pebble surfaced FRP * Red quarry tile
Mop Sink(s):	Quarry tile*	FRP*	4 inch black vinyl cove base	"	* White pebble surfaced FRP * Red quarry tile
Warewashing:	Quarry tile*	FRP*	3/8 inch cove quarry tile	"	* White pebble surfaced FRP * Red quarry tile
Walk-in Freezer(s) And Refrigerator(s):	Aluminum	Stainless steel	Aluminum cove base	Stainless steel	* Prefabricated walk-in units
Interior(s) under Vent Hood(s):	Quarry tile*	Stainless steel	3/8 inch cove quarry tile	Stainless steel vent hood(s)	* Prefabricated vent hood(s) * Red quarry tile

Please indicate the color of all finishes.

Please
mark all
applicable
boxes.

PLUMBING SCHEDULE

Please do not write
"See plans" on the
plumbing schedule.

Applicant must indicate all plumbing connections that are applicable to the establishment.

<i>The definitions of an "air gap" and "air break" are noted at the bottom.</i>	Air Gap	Air Break	Integral Trap	Vacuum Breaker	Condensate /Pump	Remarks
Sinks: Handwash:			X			
Mop:			X	X		Atmospheric vacuum breaker
3-Comp: <i>(Note: Grease traps must be approved by city.)</i>			X	X		Atmospheric vacuum breaker
Food Prep:	X					
Dishwasher:	X			X		Reduced pressure back flow preventer (RPZ)
Ice Machine(s):	X					
Ice Storage bin(s):	X					
Water station(s):	X			X		Atmospheric vacuum breaker
Condensate Drain lines:	X			X		
Steam table(s):	N/A					
Dipper Well(s):	N/A					
Beverage station(s):	X			X		Carbonator back flow preventer
Garbage grinder:	N/A					
Water Heater: <i>(Indicate size & recovery rate)</i>	75 gal. Water heater	76.3 Gallon per hour recovery. 80° Rise.				
Other:	Hose bibs			X		Hose bib vacuum breaker

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- (1) **Air gap** – The physical vertical distance between the lowest opening from any pipe or outlet and the flood level rim. The physical vertical distance separation shall be at least (1) inch.
- (2) **Air break** - drain line discharges indirectly into another receptacle below the flood level rim.